



PTO/SB/31 (09-04)

NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)

PP001618.0003 (2300-1618)

I hereby certify that this correspondence is being deposited with the  
United States Postal Service with sufficient postage as first class mail  
in an envelope addressed to "Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]

on 9-12-06Signature [Signature]Typed or printed  
name Denise M. VaillancourtIn re Application of HOUGHTON et al.

Application Number

09/728,423

Filed

December 1, 2000For ELICITING HCV-SPECIFIC ANTIBODIES

Art Unit

1648

Examiner

M. HillApplicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced  
by half, and the resulting fee is: \$ \_\_\_\_\_

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any **additional** fees which may be required, or credit any overpayment  
to Deposit Account No. 18-1648. I have enclosed a duplicate copy of this sheet.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not  
be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

☒ attorney or agent of record.  
Registration number 48,588

☐ attorney or agent acting under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

[Signature]

Signature

Jenny Buchbinder  
Typed or printed name510 923-2969

Telephone number

September 12, 2006

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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